

**APPLICATION FOR CONSTRUCTION
DESIGN RELEASE FOR
INDUSTRIALIZED
BUILDING SYSTEMS OR MOBILE
STRUCTURES**

State Form 22349 (R5/7-00)

Return to: INDIANA DEPARTMENT OF
HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
PLAN REVIEW BRANCH
INDIANA GOVERNMENT CENTER SOUTH
402 W WASHINGTON ST RM E245
INDIANAPOLIS IN 46204-2739

www.in.gov/dhs/fire/branches/plan_review/

FILING REQUIREMENTS

1. One original application with signatures, seals, etc.
2. Minimum of two (2) sets of plans, specification, quality control manual, etc, plus additional set of plans, specification, quality control manual, etc. for each plant producing the unit shall be furnished in hard bound binders 8 1/2 x 11". (Each completed width of unit and each number of floors constitutes a different "system".)
3. Each "system" to be in a separate binder.
4. Correct filing fee(s).
5. Please print clearly.

MANUFACTURER CERTIFICATION

To the best of my knowledge, the plans and specification for the construction covered by the application complies with all applicable building laws.

Authorized Applicant Name (Please print)	Telephone Number ()	E-Mail
Authorized Applicant Signature	Applicant Title	
Manufacturer Name		
Manufacturer Address (number and street)	City, State, Zip Code	
Authorized Third Party Inspection Agency (if utilized)	Name of Inspector(s)	

DESIGN PROFESSIONAL CERTIFICATE

As the design professional for which this application, to include plans and specifications, is being filed, I hereby certify:

1. I am qualified and competent to design such buildings, structures, and systems;
2. The plans and specifications filed in conjunction with this application were created by me and/or by persons under my immediate personal supervision and comply with all applicable building laws and rules of the Commission;
3. The data contained on this application are correct and correspond with the plans and specifications filed in conjunction with this application;
4. The design professional identified below will inspect at regular intervals of frequency, which will insure review of each unit during one or more phases of manufacture, for conformance with the plans and specification and rules of the Commission; and
5. I affirm under penalty of perjury that the representation contained herein is true, and I further understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature	Name of Firm (if applicable)	
Name (type or print)	Address (number and street)	
Indiana Registration Number <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	City, State, Zip Code	
Telephone Number	E-mail	
Inspecting Design Professional	Registration Number	Telephone Number ()

AUTHORIZED THIRD PARTY INSPECTOR

Inspection Company Name	Name of Inspector
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PRODUCT DESCRIPTION

SYSTEM TYPE <input type="checkbox"/> Modular – 1 & 2 Family Residence <input type="checkbox"/> Modular – Commercial <input type="checkbox"/> Mobile – Commercial <input type="checkbox"/> Mobile – Transitory Commercial <input type="checkbox"/> Mobile – Add-a-Room, Duplex <input type="checkbox"/> Panelized – 1 & 2 Family Residence <input type="checkbox"/> Panelized - Commercial		LENGTHS OF UNITS PRODUCED 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____		UNITS CONTAIN: <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Hood Suppression System	
Building Type and Occupancy	Number of Stories	Number of Units In Completed Structure (describe if necessary)		Completed Width of Unit	
Modular System or Mobile System Release Number if filing an Addendum					
Describe use of structure in detail, types of materials stored or handled, if any (Flammability? Activities pursued?)				No. Persons (Public)	
				No. Persons (Employed)	
General Comments:					

MANUFACTURING FACILITIES DATA – LIST ALL PLANT LOCATIONS TO PRODUCE THIS UNIT

Name of plant	Telephone number ()
Plant address (number and street)	
City, state, zip code	
Contact person name at plant	
Name of plant	Telephone number ()
Plant address (number and street)	
City, state, zip code	
Contact person name at plant	
Name of plant	Telephone number ()
Plant address (number and street)	
City, state, zip code	
Contact person name at plant	

OFFICE USE ONLY

MODULAR SYS RELEASE NO.	MOBILE SYS RELEASE NO.	ADD SEQ NO.	ADDENDUM RELEASE NO.	CODE REF	CONST TYPE	BLDG OCC	RELEASED